

# TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy  
Statement on separate docushare document

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CLAIMANT'S NAME <b>William Douglas Hoffner</b>				SSAN OR EMPLOYEE NUMBER*				DEPARTMENT <b>Labor &amp; Workforce Development Ag</b>			
POSITION				BARGAINING UNIT				DIVISION OR BUREAU <b>Labor &amp; Workforce Development Agency</b>			
RESIDENCE ADDRESS*				HEADQUARTERS ADDRESS <b>801 K Street, Suite 2101</b>				EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE <b>E 25</b>			
CITY				STATE				ZIP CODE			
<b>Sacramento</b>				<b>CA</b>				<b>95814</b>			

(1) MONTH/YEAR 08 2009	(2) DATE Time	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF TRANS	(B) TYPE USED	(8) TRANSPORTATION		(9) BUSINESS EXPENSE	(10) TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	O.T. L/T, RELO. or DINNER				(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE Miles Amount		
11	0930 1630	Sac/San Jose/Sac							PC		230 \$126.500		126.500
17	1130 1830	Sac/Fremont/Sac							PC		216 \$118.800		118.800
26	1030 1900	Sac/Menlo Park/Sac							PC T	4.00	240 \$132.000		136.000
31	0445 1540	Sac/LA/Sac		6.00				307.20	PC P	13.95	22.04 \$12.122		339.272
Southwest Airlines State Contract not available-used personal card													
Enterprise Rental Car/via State Contract													
(10) SUBTOTALS													
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													

(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary				(12) NORMAL WORK HOURS				
				Description/ Cost Center	Exp. Code	Debit Amount	Project Code	Activity Code	For Fiscal Use Only			
8/11 Ericsson Inc. new technology campus opening in San Jose											(13) PRIVATE VEHICLE LICENSE	
8/17 New United Motor Manufacturing (NUMMI) meetings											(14) MILEAGE RATE CLAIMED \$0.550	
8/26 CA Bioscience Business Roundtable meeting and speaking event											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
8/31 Clean Energy Program, tour, press event - (C) \$9 parking \$4.95 fuel for RC												
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.												
CLAIMANT'S SIGNATURE				DATE 9/1/09				(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT				DATE 9-3-09
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)												DATE